

**NATIONAL PARK SERVICE**  
**(NPS site and address)**  
**Application for Photography/Filming Permit**

Please supply the information requested below. This information is required to evaluate your permit request. **Attach additional sheets, if necessary.** Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application. There may be additional fees charged, including a location fee, and you will be required to provide proof of liability insurance.

Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
Email:	Email:

Project name:	Producer:
Type of project:	Photographer:
Location manager:	Director:
Telephone #:	Insurance company:
Cell phone #:	

**TYPE OF PROJECT:**

- ☐ Stills, editorial   ☐ Stills, advertising   ☐ stills, other   ☐ stock photo/video/film  
☐ Feature Film /TV Movie   ☐ TV Series/Pilot   ☐ Documentary/Travelogue   ☐ Commercial  
☐ Music Video   ☐ Public Service Announcement   ☐ Infomercial   ☐ Industrial  
☐ Other, explain \_\_\_\_\_

Will there be sound recording   ☐ Yes   ☐ No

Night work : ☐ No   ☐ Yes, explain:

**SUMMARY OF SCENE(S):**

**SHOOTING SCHEDULE BY LOCATION:**

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM   PREP STRIKE	# of cast & crew
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Set dressing or other structures proposed: ☐ No   ☐ Yes, explain

**ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT REQUEST INCLUDING: set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).**

Electrical needs, explain \_\_\_\_\_ Generator: ☐ No ☐ Yes, size \_\_\_\_\_

Lighting: ☐ None ☐ Reflectors only ☐ Yes (explain)

Road: \_\_\_\_\_ Date/time: \_\_\_\_\_ ☐ Closure requested

☐ Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on median ☐ Other (explain)

**OPERATIONAL INFORMATION:**

Number of Personnel and Vehicles:

Total Cast & Crew \_\_\_\_\_ Personal Cars \_\_\_\_\_ Large Trucks \_\_\_\_\_ Other Trucks \_\_\_\_\_ Vans

Camera Car \_\_\_\_\_ Picture Cars \_\_\_\_\_ Motor homes \_\_\_\_\_ Dressing Rooms

Other Vehicles (explain)

Base Camp location

Catering Co. Name \_\_\_\_\_ Phone # \_\_\_\_\_

**SPECIAL ACTIVITIES:**

Children: ☐ None ☐ Yes # of Children \_\_\_\_\_ Age Range \_\_\_\_\_

Animals: ☐ None ☐ Yes (explain)

Trainer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Aircraft: ☐ No ☐ Yes (explain)

Special Effects: (identify)

Effects Technician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

License # (if applicable) \_\_\_\_\_ Permit # (if applicable) \_\_\_\_\_

Stunts: (explain)

Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Any other unusual or hazardous activities, explain

**Person on location responsible for company's adherence to all terms & conditions of a Film Permit:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person on location responsible for coordinating activities with the NPS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person at the company office to contact for follow up information and billing:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby state that the above information given is complete and correct, and that no false or misleading

information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Company Name** \_\_\_\_\_

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$\_\_\_\_.00 made payable to **National Park Service**. Application and administrative charges are non-refundable. *This completed application should be mailed to Park address information.*

**Note** that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

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*The above application form is provided with the understanding that parks will insert appropriate park names and addresses as desired. In addition, parks are encouraged to request (under separate sheets) any additional information needed to address specific park needs.*

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information Collection Clearance Officer, Washington Administrative Program Center, 1849 C Street NW., Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

**NATIONAL PARK SERVICE**  
**(NPS Site Name)**  
**Application for Photography/Filming Permit -Short**

Please supply the information requested below. This information is required to evaluate your permit request. **Attach additional sheets, if necessary.** Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application. There may be additional fees charged, including a location fee, and you **may** be required to provide proof of liability insurance.

Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
Email:	Email:

Project name:	Producer:
Type of project:	Photographer:
Location manager:	Director:
Telephone #:	Caterer:
Cell phone #:	Telephone # - set:

Summary of Activities and Scene(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE BY LOCATION(S)** (Includes filming, parking and base camp):

Date	Location	Start Time	End Time	Type of Activity (e.g., film, prep, or strike)	Number of Cast & Crew

Description of Equipment/Props: \_\_\_\_\_  
\_\_\_\_\_

Attach list of vehicles including type and license plate number. \_\_\_\_\_

Use of Roads and/or Trails? (Y/N): \_\_\_\_ Describe: \_\_\_\_\_

I hereby state that the above information given is complete and correct and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant entity and the project described above.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

**INFORMATION PROVIDED WILL BE USED TO DETERMINE WHETHER A PERMIT WILL BE ISSUED. COMPLETED APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FEE IN THE FORM OF A CHECK OR MONEY ORDER IN THE AMOUNT OF \$\_\_\_\_\_.00 MADE PAYABLE TO NATIONAL PARK SERVICE. APPLICATION AND ADMINISTRATIVE CHARGES ARE NON-REFUNDABLE. *[Add park address information.]***

**NOTE** that this is an application only, and does not serve as permission to conduct a filming project or any other use of a National Park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information collection Clearance Officer, Washington Administrative Program Center, 1849 C Street, NW., Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

**National Park Service**  
**(PARK NAME)**  
**Application for Special Use Permit**

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. (Note: there may be additional fees charged, and you **may** be required to provide proof of liability insurance.)

Applicant Name:	Organization Name:
Social Security #:	Tax ID #
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax#:
Description of Proposed Activity (attach diagram):	

Requested Location: \_\_\_\_\_

Date (s): \_\_\_\_\_

Event set up will begin	Event will begin	Event will end	Removal will be done:

Maximum Number of Participants \_\_\_\_\_ (Please provide best estimate)

Maximum Number of Vehicles \_\_\_\_\_ (attach parking plan)

Support Equipment (list all equipment) \_\_\_\_\_

Support Personnel (contractors, etc. including addresses and telephones) \_\_\_\_\_

Individual in charge of event on site (include address, telephone and cell phone numbers): \_\_\_\_\_

Is this an exercise of First Amendment Rights?	Y	N
Are you familiar with/ have you visited the requested area?	Y	N
Do you plan to advertise or issue a press release?	Y	N
Will you distribute printed material?	Y	N
Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(if yes explain on separate sheet)	Y	N

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note** that this is an application only, and does not serve as permission to conduct a special event or any other use of a National Park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

Return this application to:      Permit Coordinator  
National Park Service  
ADDRESS

Phone (XXX) XXX-XXXX      Fax (XXX) XXX-XXXX

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a valued judgement on whether or not to allow the requested use. All the applicable parts of the form must be completed.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information Collection Clearance Officer, Washington Administrative Program Center, 1849 C Street, NW., Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.